

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90002 014 ****61.25

DOCUMENT # N97000001800

1. Entity Name

THE REMNANT CHURCH INTERNATIONAL TRUST, INC.

Principal Place of Business

**1903 POWHATAN AVE.
TAMPA FL 33610**

Mailing Address

**P.O. BOX 75431
TAMPA FL 33675**

2. Principal Place of Business

13112 Balm Bayette Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Zip

33569

Country

U.S.A.

Country

4. FEI Number

59-3441812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

**WILLIAMS, LYNWOOD
3106 28TH AVE
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name **Gallon, Tami**

Street Address (P.O. Box Number is Not Acceptable)

13112 Balm Bayette Rd.

City **Riverview,**

FL

Zip Code **33569**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-9-01

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLON, ALFONSO 3805 EAST HANNA AVENUE TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, LYNWOOD 3106 28TH AVE TAMPA FL 33605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DICKERSON, BERNARD 304 WOODLAWN TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, ANNETTE 11726 N. 58TH STREET, APT. 12 TAMPA FL 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DICKERSON, EDITH 304 WOODLAWN TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, RICARDO 3804 E FLORD ST TAMPA FL 33604	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	13112 Balm Bayette Rd. Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gallon, Tami 13112 Balm Bayette Rd. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Goggins, Theodis 984 Maydell Ct. Tampa, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Magwood, Zahra 8609 Briar Haven Ct. Tampa, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Magwood, Lorenzo 8609 Briar Haven Ct. Tampa, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9-9-01 (813) 801-2531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)